

# THE PATIENT HANDBOOK



**Western State Hospital**  
**2013- 2014**

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# Need to Know

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## **Mail/Post Office**



Patients have access to writing materials and free postage in order to send uncensored correspondence through the mail (providing it is appropriately addressed), unless limited by the treatment plan or doctor's order. A patient's right to send or receive mail may be partially and temporarily limited if sending or receiving mail would clearly present a danger to the patient, to any other person, or presents a threat or harassment to others. Free postage does not include ordering materials, supplies, equipment, catalogs, samples, entering contests or similar categories.

Proper return address, including zip code is required on all mail.

Example:

John Doe  
9601 Steilacoom Blvd. SW  
Ward \_\_\_\_  
Tacoma, WA 98498-7213

If you have any questions about mail, please ask your staff person.

Please refer to the CFS Manual for information about mail rights for patients in CFS.

## **Library**

The patient library is located in Building 8, 2<sup>nd</sup> Floor.

Phone: (253) 756-2593

### **Hours:**

Monday, Tuesday, Wednesday, and Friday

9:00 a.m.-12:00 noon, 1:00 p.m.-4:00 p.m.

Thursday

1:00 p.m.-4:00 p.m.



Closed weekends and state holidays. Hours are subject to change. You are encouraged to call first. The WSH Library is a branch of the Washington State Library, a division of the Office of the Secretary of State. Books, DVDs and videos are available for patients to check out. You may also order over the phone, and the materials will be sent to your ward.

## **Money**

Patients who have their own money may have it placed in a hospital account. You may make a withdrawal up to \$25.00 in cash per week. Any additional amount of money to be withdrawn needs to be approved by your treatment team. Please refer to the CFS Manual for information about money rights for patients in CFS. If you have more questions about your money ask your ward social worker or you may call Patient Accounts.

## **Legal Assistance**

Western State Hospital has a contract with the Northwest Justice Project (“NJP”) to provide legal services to hospital patients. NJP is a not-for-profit agency which provides free civil legal services to low-income people; NJP lawyers do not work for the hospital. NJP lawyers are on the hospital grounds to advise and assist patients with non-criminal legal problems.

### **NJP Office Hours at Western State Hospital**

WSH Building 25, Tuesdays and Fridays, 9:00 a.m. to 4:30 p.m.

For further information or help call:

253-756-2674

1-866-280-4095 (toll-free)

1-253-584-5803 (fax)



Or write (postage free) to:

NJP Patient Legal Services at Western State Hospital

9601 Steilacoom Blvd. SW, Mail Stop 25

Tacoma, Washington 98498-7213

### **Additional Resources:**

NJP's Coordinated Legal Education Advice and Referral service  
(CLEAR)

1-888-201-1014 or 1-888-201-9737 (TTY)

## **NA & AA**

Narcotics and Alcoholic Anonymous meetings are also offered in the evenings. Contact your ward staff for information.

### **Smoking**

According to Washington State Law, smoking is prohibited within twenty-five feet from entrances, exits, windows that open, and ventilation intakes that serve enclosed areas in all state (public) buildings. Smoking is prohibited inside all state buildings including Western State Hospital.

Please refer to the CFS Manual for information about smoking rights for patients in CFS. CFS remains a tobacco-free facility.

Western State Hospital is committed to providing tobacco cessation programs under the direction of the patient's treating physician and to ensure treatment programs support those efforts.

### **Visiting**

The visiting hours are 9:00 a.m.-9:00 p.m., unless otherwise specified by an individual program or ward. It is suggested that visitors not come during active treatment hours (9:00-11:00 a.m. and 1:00-3:00 p.m., Monday through Friday).

Visiting arrangements with patients in the Center for Forensic Services must be made directly with staff located on the patient's ward. Since CFS is a secure facility, visiting hours and opportunities are limited. (Please refer to the CFS Manual for additional information.)

**Bringing alcohol, drugs, or firearms onto the Western State Hospital grounds is a felony. Also prohibited are cameras/ camera phones.**

## **Spirituality/Religious Services**

The hospital has staff available to discuss any issues or questions related to your religious and spiritual needs. The people available for such consultation are:

- Director of Pastoral Care x2559
- Chaplain/Chaplaincy Dept x2645
- Chaplaincy Dept. Receptionist x2509
- Emergencies/After Hours x0

There are also religious services held on site for each of the Centers within the hospital. The schedule is as follows:



Sundays:

### **Catholic Mass**

9:00 a.m.–CFS in the TRC only  
10:00 a.m.–East Campus  
Chapel,  
11:00 a.m.–Main Chapel

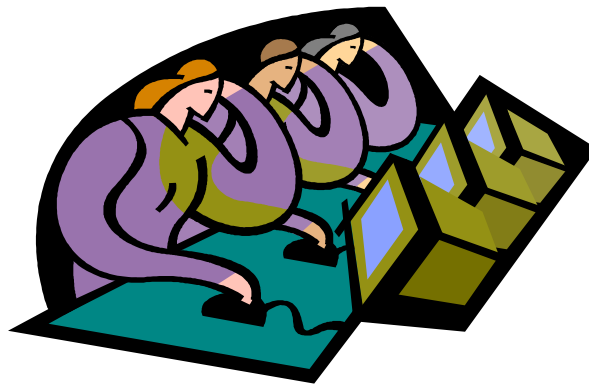
### **Interfaith**

9:00 a.m.–SHAC, South Hall  
Activity Center, S-6  
10:00 a.m.–CFS in the TRC,  
Room 143  
10:30 a.m.–East Campus  
Chapel  
11:00 a.m.–SHAC  
South Hall Activity Center, S-6

Chapel Hours of Operation: Monday thru Thursday 8:00 a.m.-  
4:30 p.m. by appointment only and closed Friday and Saturday.

### **Malls (TRC in CFS)**

Each unit within the hospital has a "mall" or a recovery center. At the mall, classes are offered on a variety of topics. These classes are intended to assist you in your recovery process and to increase your skills towards your individual goals. Some of the classes are: Relapse Prevention, Low Impact Exercise, Medication Education, Anger Management, and Coping with Depression. Staff can assist you as you plan your classes.



### **Education**

Education classes are available in each unit of the hospital. You may want to improve basic skills, such as reading or money-changing. GED preparation, English as a Second Language and computer literacy classes are also available. Check with the teacher in your unit for more information or call x2767.

### **Vocational Rehabilitation**

If you are interested in working as part of your recovery while at Western State Hospital, talk to your treatment team. In each center, there may be additional work opportunities available. Ask your treatment team for additional information.



### **Beauty and Barber Shop**



The Beauty and Barber Shop staff provides haircuts, perms, and shampoo sets free to patients in all units. Your ward staff will be able to tell you the hours the Beauty and Barber Shop staff will be available to you. Call for an appointment at x2816.

### **Monday Night Hospital Activities**

The Monday night hospital wide activities are as follows:

- 1<sup>st</sup> Monday of the month 5:30-7:30 p.m.  
Movie in the amphitheatre.
- 2<sup>nd</sup> Monday of the month 6:00-7:30 p.m.  
Dance in the PDR
- 3<sup>rd</sup> Monday of the month 6:00-7:30 p.m.  
Karaoke in the PDR
- 4<sup>th</sup> Monday of the month 6:00-7:30 p.m.  
Bingo in the PDR

For more information regarding recreational patient activities throughout the hospital, ask your ward staff.

### **Fashion Center**

If you have clothing needs, visit the Fashion Center, where you may shop for free clothing. For further information call x2623.

Hours:

Monday thru Friday  
8:30-11:00 a.m.  
12:45-2:15 p.m.

Monday thru Thursday  
5:00-7:00 p.m.  
Saturday  
1:00-3:00 p.m.

## **Grooming Needs**

Personal hygiene items (toothpaste, shampoo, deodorant, etc.) may be obtained from any nursing staff on your ward.

## **Health**

Physician approved dental care, eye exams, and other health related appointments are available to you while at Western State Hospital. Contact your ward nurse to request approval.



## **Physical Health & Wellness**

While you are at Western State Hospital, part of your recovery is to become as physically healthy as possible. This includes good nutrition, weight management, regular exercise, smoke cessation, and other lifestyle considerations. If you are overweight, your treatment team will discuss their concerns with you. They will also recommend dietary and nutritional options that are in your best interest. Notice that WSH vending machines have healthy options; pick those options low in sugar. Also, check with staff in your center's Recovery Malls (TRC in CFS). Request exercise classes in which you will have opportunities to get plenty of activity. You may also request to meet with a dietician or contact Patient/Family Education x2767 for written information on health and wellness.

## **Our Store**

Our store is located in building 5. Various items can be purchased at the store such as sandwiches, soups, etc. The store staff can be reached at x3349 or x2713.

Tuesday thru Saturday  
9:00 a.m.-1:00 p.m.  
3:00 p.m.-4:00 p.m.

Sunday, Monday, & Holidays  
Closed

## **Treatment Planning**

Your treatment team meets with you regularly to assist you with your recovery process and develop a recovery plan.

Each team member has specific knowledge that contributes to your plan. However, **you have the most important role on the team. It is your ideas, opinions, and preferences that will influence your plan.** Some of the things you can do as a team member are:

- Communicate your ideas, problems, concerns and goals;
- Ask questions;
- Be willing to participate in your treatment plan;
- Learn all you can about your illness and your recovery.



## **Discharge Planning**

Discharge planning begins as soon as you are admitted to Western State Hospital. You can help by expressing your wishes about the type of living arrangements and location you prefer. Your treatment team members will work with you in planning your continued recovery in the community.

## **Your Treatment Team**

Knowing your treatment team members is important because these are the people who will assist you with your recovery process while you are here.

My ward nurse(s) are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My nurses:

- Answer questions about my symptoms, treatment, my medicines, and any health related problem;
- Provide support;
- Listen and talk with me about my recovery, my diagnosis, and how to avoid relapse.

My ward social worker is \_\_\_\_\_

My social worker:

- Assists with implementing my discharge plan;
- Provides information about housing, financial assistance and other community information;
- Helps contact family and other loved ones.

My ward doctor is \_\_\_\_\_

My doctor:

- Discusses my diagnosis and symptoms with me;
- Works to find the best medications for me;
- Talks with me about my medications and/or side effects;
- Discusses aspects of my treatment and recovery with me.

There are others who are part of your treatment team as well such as the **psychologist** or **rehabilitation** staff. Each has a specific skill and training in order to be a resource for you.

## **My Medications**

1. My medication is:      Dose:              Time:

\_\_\_\_\_

This medication is for: \_\_\_\_\_

2. My medication is:      Dose:              Time:

\_\_\_\_\_

This medication is for: \_\_\_\_\_

3. My medication is:      Dose:              Time:

\_\_\_\_\_

This medication is for: \_\_\_\_\_

4. My medication is:      Dose:              Time:

\_\_\_\_\_

This medication is for: \_\_\_\_\_

My medications help control these symptoms of my illness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Your Recovery**

The approach to care of patients here at Western State Hospital is to follow facts and principles of recovery.

Recovery is a process by which persons recreate a vision or plan for their lives by discovering new strengths and options.

While you are here, you will be developing a plan for recovery, working on that plan, and continuing with your recovery as you transition back to the community. We are here to support you as you begin your journey of healing and new purpose.

## **What is Recovery?**

Recovery means you must learn to accept, understand, and manage your illness while creating a new vision and a new plan for your life. Some WSH patients describe recovery in the following ways:

“Recovery is a process, so pick up the pieces and glue them together.”

“Recovery is positive thinking, educating yourself, happiness, empowerment, being tactful and enjoying the journey.”

“Recovery is a means of self-improvement. Once your mental illness is intact, one can lead a healthy productive life in mainstream society.”

“Recovery is a step in the road we all have to take. So open your mind and heart and start to live a healthy life.”

## **Your Safety**

**You may be asked to fill out a Safety Plan during your stay at WSH. A SAFETY PLAN is a document that:**

- ❖ Helps you identify and avoid situations that may cause you to become upset or angry (triggers).
- ❖ Helps you and staff prepare for these situations by recognizing the signals that show you are getting upset or angry (your signs of distress).
- ❖ Helps you identify what is most helpful in a crisis and how you would like to be treated (your calming strategies).

You are the primary author of your Safety Plan. Staff can help you fill out the plan. This allows your staff to know how you want to be treated and how to help you in a crisis.

## **Your Comfort**



Most people benefit from receiving comfort. Comfort blankets are one tool patients can use to help calm and soothe themselves. They can also be used as a way to ease anxiety, anxiousness, depression, or psychosis. You can request a comfort blanket that can be worn on or off the ward. A comfort blanket is especially designed with small beads sewn into the fabric to give the sensation of comforting touch which decreases agitation For more information or to request the use of a comfort blanket, please talk to a member of your treatment team.

## **Your Treatment Plan**

The following form is a copy of the new Treatment and Recovery Plan. It is intended to be a tool in reaching your goals and the future vision you have for yourself. It also is intended to assist you in your recovery, your treatment, and your discharge back to the community. It is important that you share your ideas and desires with the treatment team so that this plan can be beneficial to you. The plan is an important means of making your stay here the most beneficial it can be.



<b>Patient Name:</b>	<b>Ward:</b>	<b>Date of ETC review/revision:</b>	
<b>1. My vision for a good life and recovery:</b> <input type="checkbox"/> remains same <input type="checkbox"/> has changed to:			
<b>2. My strengths</b> (abilities, preferences, talents, skills) <b>that can assist me in reaching my vision:</b>  <b>My team also identified:</b>			
<b>3. Sometimes very frightening and hurtful things happen. If you have ever been badly frightened or hurt, we'd like to know. Current or past frightening experiences (trauma, abuse, neglect) I have had include:</b>			
<b>4. <u>My Personal Safety Plan</u> (check choices)</b> <b>Things that make me distressed (anxious, upset, angry) and interfere with reaching my vision:</b>			
Being touched	Loud Noise	Called names or made fun of	Yelling
Being restrained	Not being listened to/ignored	Contact with person who is upsetting to me	Flashlights
People in uniform	Being forced to talk	Someone else lying about my behavior	Being isolated
Being threatened	Particular time of day	Being forced to do something	
Other? Please list:			
<b>What it might look like when I am distressed: (check choices)</b>			
Clenching fists	Withdrawing/isolating	Running	Sweating
Clenching teeth	Sleeping more	Eating more	Swearing
Throwing Objects	Sleeping less	Eating less	Crying
Pacing	Yelling	Being rude	Breathing hard
Other? Please list:			
<b>Things that help me calm down when I'm distressed: (check choices)</b>			
Talking with peers	Drinking a beverage	Calling a friend or family member	Watching TV
Listening to music	Talking to staff	Going for a walk with staff	Writing a letter
Taking a shower	Wrapping in a blanket	Hugging a stuffed animal/comfort item	Journaling
Reading a book	Medication	Voluntary time in quiet room/area	Doing artwork
Pacing	Meditating/yoga	Darken room/dimmed lights	Exercising
Reading religious/spiritual materials		Other? Please list.	
My staff can do the following to help me:			
<b>5. My discharge desire(s):</b> <div style="display: flex; justify-content: space-between;"> <div>Where I want to live:</div> <div>Where I want to work:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>For my family and social life, I want:</div> <div>For recreation, I want to be able to:</div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div>In the community, I want to be able to:</div> <div>I want my follow-up care to include:</div> </div>			
<b>6. My greatest concern right now is (written in the patient's voice):</b>  <input type="checkbox"/> remains same <input type="checkbox"/> has changed to:			
Review/Eval of Last Plan dated _____ for review period from _____ to _____			
Progress/Achievements/areas needing continued focus on each step of this goal and the overall goal (evaluation of behavioral criteria on plan referenced above)			

<b>Patient steps (criteria) for Goal 1 from previous plan</b> <input type="checkbox"/> significant progress <input type="checkbox"/> partial progress <input type="checkbox"/> no progress <i>Summarize progress for each step from previous plan.</i> 1.  2.  3.	
<b>Patient steps (criteria) for Goal 2 from previous plan</b> <input type="checkbox"/> significant progress <input type="checkbox"/> partial progress <input type="checkbox"/> no progress <i>Summarize progress for each step from previous plan.</i> 1.  2.  3.	
<b>Patient steps (criteria) for Medical Goal from previous plan :</b> <input type="checkbox"/> N/A (no medical goal on last plan) <input type="checkbox"/> significant progress <input type="checkbox"/> partial progress <input type="checkbox"/> no progress <i>Summarize progress for each step</i> M1.  M2.	
<b>Patient viewpoint on overall progress made:</b>  	
<b>Behavioral problems preventing discharge</b> <i>Legend: R=Resolved; C=Continues as problem; Identified D= Defer/ Continue to Defer; N=New Problem</i>	
as shown by	[ <input type="checkbox"/> ] R [ <input type="checkbox"/> ] C [ <input type="checkbox"/> ] D [ <input type="checkbox"/> ] N
as shown by	[ <input type="checkbox"/> ] R [ <input type="checkbox"/> ] C [ <input type="checkbox"/> ] D [ <input type="checkbox"/> ] N
as shown by	[ <input type="checkbox"/> ] R [ <input type="checkbox"/> ] C [ <input type="checkbox"/> ] D [ <input type="checkbox"/> ] N
as shown by	[ <input type="checkbox"/> ] R [ <input type="checkbox"/> ] C [ <input type="checkbox"/> ] D [ <input type="checkbox"/> ] N
as shown by	[ <input type="checkbox"/> ] R [ <input type="checkbox"/> ] C [ <input type="checkbox"/> ] D [ <input type="checkbox"/> ] N
<b>As a result of the evaluation summary above, the following changes will be made for the next treatment plan:</b> <input type="checkbox"/> Goal(s) # ____ to be revised <input type="checkbox"/> Patient steps for goal # ____ to be revised <input type="checkbox"/> Interventions for Goal(s) # ____ to be revised <input type="checkbox"/> Target dates for goal(s) # ____ to be revised <input type="checkbox"/> No changes to Goal(s) # ____	

<b>Updated Plan for Treatment Period ____ to ____</b>
<b>Based on review of all progress noted above, my discharge criteria and/or potential placements:</b> <input type="checkbox"/> has met discharge criteria and referred for placement <input type="checkbox"/> Remain the same as last plan and are noted below <input type="checkbox"/> Change to the following noted below:

**My treatment team will support me to achieve my discharge desires with the following discharge criteria**  
*(developed/written by staff to help me understand what do I need to do to be discharged):*

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

**Potential discharge placement(s) include:**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Summary of steps taken toward discharge and barriers:**

**Behavior Preventing Discharge** *(selected from page 2):*

**Goal 1** *(Addressing the above referenced behavioral problem):*

<b>To achieve my recovery goal #1, I will</b> <i>(Written as observable, measurable, behavioral changes that are steps toward the goal above):</i>	<b>To support these steps towards my goal, my treatment team will</b> <i>(Individualized Strategy/ Intervention/Support):</i>	<b>Frequency &amp; Duration</b>	<b>Delivery Method</b>	<b>Target dates for each step</b>	<b>Name of person(s) responsible</b>
1a.			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
1b.			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
1c.			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		

**Behavior Preventing Discharge** *(selected from page 2):*

**Goal 2** *(Addressing the above referenced problem):*

<b>To achieve my recovery goal #2, I will</b> <i>(Written as observable, measurable, behavioral changes that are steps toward the goal above):</i>	<b>To support these steps towards my goal, my treatment team will</b> <i>(Individualized Strategy/ Intervention/Support):</i>	<b>Frequency &amp; Duration</b>	<b>Delivery Method</b>	<b>Target dates for each step</b>	<b>Name of person(s) responsible</b>
2a.			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		

2b.			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
2c.			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
			<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		

**Medical/Physical Issues Being Treated** (*as noted on Axis III diagnoses*):

Choose one below:

☐ Not Applicable

☐ On-going with no active problems; Stable on medications, see PTO form.

☐ Acute problem with criteria and interventions listed below.

**Medical Goal** (*Address the above acute medical / physical issue(s)*):

<b>To achieve my medical goal, I will</b> ( <i>Written as observable, measurable, behavioral changes that are steps toward the goal above</i> ):	<b>To support these step towards my goal, my treatment team will:</b> ( <i>Individualized Strategy/Intervention/ support to help me reach this step</i> )	Frequency & Duration	Delivery Method	Target dates for each step	Name of person(s) responsible
M1.	a.		<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
	b.		<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
M2.	a.		<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		
	b.		<input type="checkbox"/> 1:1 <input type="checkbox"/> Group		

<b>Date of most recent Dx:</b>	<b>Principal</b>	<b>Diagnosis</b>	
<b>Axis I</b>	[ ]		
	[ ]		
<b>Axis II</b>	[ ]		
	[ ]		
<b>Axis III</b>	[ ]		
	[ ]		
<b>Axis IV (Severity of Psychosocial Stressors)</b>		<b>Low, Moderate or Severe</b>	<b>Specific factors or problems</b>
[ ] Problems with primary support group			
[ ] Problems related to the social environment			
[ ] Educational problems			
[ ] Occupational problems			
[ ] Housing problems			
[ ] Economic problems			
[ ] Problems with access to health care services			
[ ] Problems related to interaction with the legal system			
[ ] Other psychosocial and environmental problems			
<b>Axis V: Current GAF (Specific GAF score, not range):</b> Previous GAF: [ ] last plan [ ] more recent diagnosis dated:			
<b>Required Signatures</b>			
[ ] I have had an opportunity to provide input to this plan. [ ] I agree with my plan    [ ] I partially agree with my plan    [ ] I disagree with my plan			
Patient: _____			
Patient Comments:			
Physician:		Date:	Time:
<b><u>List all attendees/participants</u></b>			
<b>Name</b>		<b>Discipline, Title and/or Role (e.g. advocate)</b>	

# Nice to Know

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# **NICE TO KNOW**

## **WSH Consumer Affairs**

Consumer Affairs bridges the gap between you and the administration as well as provides opportunities for your involvement in the development of projects and initiatives and policy development. In partnership with patients and staff, Consumer Affairs works to promote dignity, respect, acceptance, integration, and choice for people receiving services from the hospital and to reflect a recovery-oriented environment. The contact number for this office is: 253-756-2714.

## **WSH Contacts**

You and your family members may also contact Western State Hospital administration at any time regarding any concerns or complaints. The contact number is: 253-756-2525.

## **Confidentiality**

You are guaranteed the right to privacy and confidentiality. You will have as much privacy as possible when talking with a visitor, treatment team member, or therapist while at Western State Hospital. Staff are prohibited from disclosing any type of patient information, unless a signed release of information is provided by the patient. Computerized information is never shared with other organizations so that an individual patient can be identified.

## **Families**

NAMI Washington is part of a national organization which provides local free education, support, and advocacy for children and adults affected by mental illness. NAMI's mission is to improve the quality of life for persons with mental illness and their families. Local chapters exist in 24 cities throughout the state.

NAMI Washington Helpline:  
1-800-782-9264

### **Non-Violence Initiative**

Restraints (physically restricting a person's movements) and seclusion (preventing an individual from leaving a specified area) are sometimes used in psychiatric hospitals to keep people who lose self-control from harming themselves or others. Seclusion and restraint can be effective safety interventions and are sometimes necessary, although only as a last resort.

Other kinds of interventions are being used. For example, some wards have created a "comfort room", a quiet place on the ward where you can go to relax and regain composure. The hospital staff is making every attempt to only use seclusion/restraints in order to prevent immediate harm and when all other treatment options have been exhausted.

### **Patient Complaints**

There may be times during your stay here that you may feel the need to make a complaint. This is perfectly acceptable, and we urge you to do so. There are several ways to make a complaint. You may:

- Seek out a member of your treatment team to discuss your concerns;
- Fill out a complaint form called the "Alleged Violation of Patient Rights" or write a letter of complaint to the Chief Executive Officer and place these in the complaint box on your ward. A person will be assigned to meet with you to discuss these concerns;
- Report any abuse or neglect concerns to the Abuse/Neglect Hotline (253-761-7599). You are not required to leave your name, but you do want to leave enough information for a thorough investigation to be conducted.



### **The Joint Commission Contact:**

If you have a concern or complaint about safety or patient care, you may also report this to The Joint Commission at [www.jointcommission.org](http://www.jointcommission.org) or by calling 1-800-994-6610.

### **Voting**

If you are legally able to vote, the forms to register may be obtained from the mailroom. Voting can be done by absentee ballot in advance of any election. Ask the post office for ballot forms.



### **Further Resources and Information**

The Hospital Information Desk is in the main lobby on the first floor of the Administration Building, which is located near the flagpole and is staffed 24 hours a day. General information may be obtained in person or by calling (253) 582-8900.

Brochures, booklets, DVDs/Videos, and books on mental illness and recovery are available through the following:

- WSH Consumer Affairs department
- Patient and Family Education Services
- Patient Library
- Citizens Guild
- Individual treatment teams on your ward

## **Your Rights and Responsibilities**

1. Abide by the rules and regulations of this facility.
2. Respect the rights and property of other patients, of staff and of the facility.
3. Participate in your treatment planning and in your treatment program.
4. Take care of your physical needs (grooming, bathing, dressing) insofar as you are physically and psychologically able.
5. Tend to normal housekeeping chores in your living area, such as making the bed, looking after your clothing and keeping community areas neat.
6. Protect and care for your personal property.
7. Pay your bills on time within your ability to do so.
8. Familiarize yourself with your rights.
9. Follow hospital policy by not smoking on wards, smoking only in designated areas on hospital grounds, and by remaining 25 feet from any building entrance and air intakes.
10. Take pride in the hospital campus by using trash cans for cigarette butts and all other trash cans for cigarette butts and all other trash.

## **Basic Rights**

### You have the right to:

1. Be treated with dignity and respect, consistent with the principles of recovery.
2. Live in a humane environment that affords protection from harm.
3. Services of a signing or language interpreter, if needed, both to understand these rights and to participate in planning the care and treatment provided for you. This includes periodic revisions to the treatment plan.
4. Have impartial access to treatment regardless of citizenship, race, religion, gender, sexual preference, ethnicity, age, handicap, color, or creed.
5. Be presumed competent (i.e. with full civil rights) regardless of your current or past admissions in a state mental hospital.
6. Dispose of property and sign contracts, unless a court proceeding directed to that particular issue has taken away that right.
7. Have the hospital rules and regulations explained to you in an understandable way.

## **Access to Professional Help**

### **You have the right to:**

1. Be told the names and professions of the members of your treatment team, other clinical staff, and what they do.
2. Discuss with treatment staff the reason for any transfer (prior to the transfer) to another program or ward, or for any transfer to another hospital, and to learn who will be in charge of your care and treatment.
3. Request the opinion of a consultant (mental health professional) at your expense. You may also request an in-house review of your treatment plan at no charge to you.
4. Talk to a priest, rabbi, minister, or religious person of your choice. To get this help, call the Chaplain's Office or ask a treatment member for help.

## **The Right to Choose**

### **You have the right to:**

1. Be free from restraint or seclusion in the hospital except when necessary to prevent harm to yourself or others when less restrictive interventions are not effective.
2. Refuse any surgery, except for emergency life saving procedures.
3. Prepare an advance health care directive if you so choose.

## **Treatment**

### You have the right to:

1. Receive individualized, appropriate care and treatment from qualified and experienced professional clinical staff regardless of the source of your financial support.
2. Treatment plans supportive of your personal liberty within the limits of the law.
3. An individualized treatment plan with scheduled reviews, appropriate revision and a description of services needed after discharge.
4. Be provided with a clear explanation of that plan in such language that you will have a full understanding including:
  - a. Your general mental and physical condition;
  - b. The treatment objectives;
  - c. The nature of recommended treatments and significant adverse (unpleasant) effects, if any;
  - d. The reasons why particular treatments are considered appropriate, their risk(s) and benefits;
  - e. Any appropriate and available alternative treatments, services, and types of providers of mental health services.
5. Have any treatment order restricting you to bed rest reviewed every three days by your physician.
6. Request medically justified treatment and/or refuse treatment that is not medically justified.

## **The Right to Express Yourself and to Be Heard**

### **You have the right to:**

1. Exercise all your rights without reprisal (negative consequences), including the right to file complaints and to have them considered in a fair and timely procedure at the hospital. Complaint forms are available at all nursing stations.
2. Write the Chief Executive Officer/Director of Consumer Affairs about any hospital problems or complaints that you cannot solve with your treatment team.
3. Have access to attorneys, courts and other legal redress (assistance). This includes reasonable contact with these attorneys by telephone.
4. Request release and, if your request is denied, to have access to attorneys and courts for other legal assistance.

## **Compensation for Employment**

### **You have the right to:**

1. Be paid for work you do as part of vocational services. Work done will be in keeping with appropriate State and Federal regulations.

## **The Right to Privacy**

### You have the right to:

1. Be protected from invasion of privacy. You also have the right to have all your records kept confidential (private) and released only to you or someone else with your consent (or that of your guardian, if any), except as permitted by state and federal law.
2. Know what use will be made of films, videos, photographs, and tape recordings of you if these are used in your treatment. Pictures and/or recordings cannot be made without your permission except for an admission photograph, which may be updated at times.
3. Refuse to take part in a research project without affecting your regular treatment in the hospital. You have the right to participate in research with your permission (voluntary informed consent). You have the right and opportunity to withdraw such consent at any time. This does not include data collected for treatment, utilization review, or quality improvement purposes.

### **Rights Which Depend on Your Treatment Needs**

Your treatment team may limit the following rights. If they do so, the reasons will be discussed with you and/or your appointed guardian and will be a part of your treatment plan. The clinically responsible staff will review the restrictions at least every seven days. The reasons for your restrictions will be documented in your medical records. You have the right to the following as long as the exercise of these rights does not constitute a safety/security issue or create a danger to yourself or others or interfere with your treatment. The Center for Forensic Services has additional safety and security requirements that may limit these rights further.

#### You have the right to:

1. Wear your own clothes and use your own possessions.
2. Keep and be allowed to spend a reasonable sum of your money.
3. Have your family and others (e.g. your caseworker, friends, etc.) visit you during regularly published visiting hours.
4. Have reasonable access to a telephone and to make and receive calls.
5. Send and receive mail free of staff examination. If staff, after reasonable consideration, suspects contents are illegal or harmful to your treatment, you may have to open the mail in the presence of staff. No one can restrict the number of letters to and from your attorney or private physician.
6. Privacy with regard to personal needs.
7. Have access to reasonable individual storage space for your private use.



## **Voluntary Patients**

In addition to the preceding, you or your guardian should know that you also have the right to:

1. Immediate release unless involuntary commitment proceedings are initiated or you have a jail hold.

### **If You Are an Involuntary Patient (Civil Commitment)**

You also have the right to:

1. A court hearing within 72 hours of detention, excluding Saturdays, Sundays, and holidays, to determine whether probable cause exists to detain you for a further period of up to 14 days.
2. Communicate immediately with an attorney. If you cannot afford an attorney, you have the right to have an attorney appointed to represent you before and at such hearing.
3. Remain silent and to be told that any statement you make at any time may be used in the involuntary commitment proceedings.
4. Present evidence and to cross-examine witnesses who testify against you at the hearing.
5. Be given the option to refuse psychiatric medication beginning 24 hours prior to any court hearing. Also, to the extent the law allows, you have the right to refuse medication at other times. If you do refuse medications, you will be told the medical and legal consequences and the medications will not be administered except as authorized by the law. If there is a court hearing, an attorney will be appointed at no charge to you if you are indigent (without funds).

6. Apply for voluntary admission for treatment of a mental disorder. Your application may be refused if not made in good faith.
7. Be free from all forms of abuse or harassment, including neglect as a form of abuse.
8. Access information contained in your medical record within a reasonable time frame, except as authorized by law.
9. The assessment and management of physical pain.
10. Be informed about the outcomes of care so you, and/or your family are able to participate in treatment decisions.

### **Medication**

#### **You have the following rights to:**

1. If your doctor wants you take medication, he or she must first tell you the name of the medication, what it is for, what it may do for you, and possible side effects.
2. You have a right to talk to another doctor about your need for medication.
3. Your physician may propose a medication for you only as part of your individualized treatment plan.
4. You and, if you wish, your family have a right to take part in any proposal to give you medication.
5. If you are a voluntary patient and continue to refuse medication, either you will be discharged or a Mental Health Professional will be summoned to begin the involuntary commitment process.

## **Western State Hospital Patient Cost of Care & Handling of Personal Funds**

This is to explain your cost of care at Western State Hospital (WSH) and also how personal funds will be handled.

### **Cost of Care**

The Office of Financial Recovery (OFR) in Olympia is responsible for the billing of the cost of care at WSH. By law, voluntary as well as committed patients are responsible for their hospitalization costs.

If it is determined that you may have an ability to pay for your care, OFR will mail you or your family member a "Financial Questionnaire." It is very important that this form be completed as your hospitalization costs may be adjusted depending on your ability to pay for your care. Upon receipt, OFR will determine whether you have to pay any part of your bill. They will send you an official notice telling you what your daily or monthly financial responsibility is towards the cost of your care.

OFR will bill Medicare, Medicaid and private insurance whenever possible. Medicaid will only pay for eligible patients who are under 21 or over 65 years of age. Medicare will pay 190 days for inpatient psychiatric care in a lifetime; however, only 90 days can be billed per benefit period.

For additional information regarding your hospitalization costs, you may contact the Office of Financial Recovery at 1-800-562-6114 or the Field Office located at the hospital at ext. 2763 (253-756-2763).

## **Social Security**

If you have questions or concerns about Social Security benefits, you can call the Patient Financial Services Department:

- Tony Dague at 756-2614
- John Alspaw at 756-2791
- Vicki Dyer at 756-2690
- Frank Marcella at 761-7526

## **Patient Accounts**

### **The Hospital/Staff Cannot:**

1. Seize a patient's Social Security money. No matter where the money is, even if it goes to a representative payee, the State cannot take it for cost of care, unless you or your representative payee, volunteers to pay it.
2. Consider the Social Security funds when it decides whether a patient owes any money for cost of care. This means that if a patient has only Social Security money, he or she does not owe any money to the State for the cost of care.
3. Seize other kinds of money from the patients' accounts at Eastern or Western State Hospitals without going to court. The State cannot take your Social Security money at all unless you give the State written permission to take it.
4. This means that the Hospital/Staff shall not:
  - a. Threaten, coerce, or intimidate patients or their representative payees, in any way, to pay Social Security money to the State for cost of care.
  - b. Threaten in any way to discharge a patient or to keep a patient longer at the hospital, if the patient does not pay for the cost of hospital care.
  - c. Encourage or induce patients to deposit their money in the hospital patient accounts or any other place where the money would be easier for the State to collect it. However, staff may inform patients that they may deposit their money with the hospital accounting office. Staff may

still require patients to deposit their money there if the patient has not made arrangements for deposit elsewhere. Patients shall be allowed to withdraw their money from the hospital account at any time, in whole or in part, for the purpose of placing the money in an account outside the hospital.

If you have questions call Kathy Brown at (253)756-2339 or Cathy Peterson at (253)756-2757.

### **Patient Rights/Patient Funds**

Western State Hospital Policy 4.1.1 refers to the funds kept by patients as a “reasonable” amount of money for their own purchases.

Western State Hospital Policy 1.7.7 allows the patient upon admission to keep up to \$25.00. The treatment team makes the determination as to what amount will be “reasonable” based on their evaluation of the patient.

### **General**

The hospital has, by law, the responsibility to safeguard your property. Historically, patients and family members have filed claims when patient monies/property has been lost, stolen, or misplaced. The hospital assumes responsibility for the claims. Therefore, there are limitations on withdrawal of funds and the amount of money one can keep while on the ward.

### **Limitations on Withdrawal of Funds**

In addition to the limitation of being able to keep up to \$25.00, the hospital places other limitations on fund withdrawals:

- a. Weekly withdrawals are set at no more than \$15.00 a week.
- b. Patients who earn wages governed by the Fair Labor Standards Act (FLSA) can draw an additional amount up to the weekly draw listed in “a.” above.
- c. The accounting office, when permitted by law, will make deductions from the patient’s account for cost of care, based on a person’s ability to pay.

Exceptions to withdrawal of funds limitations:

- a. The Superintendent may authorize the expenditure of patient funds of personal needs in excess of what has been described above.
- b. At the request of the patient, a treatment team member (social worker or ward program coordinator) may prepare a fund withdrawal request for approval by the Clinical Director or his or her designee.
- c. The Medical Director, at the patient’s written request, shall review any request for withdrawal of personal funds by the patient not approved by the designated treatment staff or treatment team.

### **Exceptional Personal Need**

Exceptional personal needs may include:

- a. Other personal medical or dental care, to include medical equipment such as a wheelchair;
- b. Shelter and living expenses;
- c. Payment of outstanding debts;
- d. Expenses for educational, rehabilitation, or recreational supplies not furnished by the hospital;
- e. Expenditures that would strengthen the patient’s community support system;
- f. Reimbursement to the hospital for damages to hospital property;
- g. Other expenses not recommended by the treatment team.

Exceptions: candy, pop, and snack items are items that normally do not fall in the “exceptional” category.

# **ADDENDUM**

## **NOTICE TO PATIENTS WHO RECEIVE SOCIAL SECURITY FUNDS JULY 2008**

The federal court in Tacoma prohibits the Department of Social and Health Services (DSHS) from seizing Social Security funds to collect or recover the cost of care at the state hospital. THIS MEANS THAT DSHS MUST FOLLOW THESE RULES:

1. DSHS may not seize your Social Security funds to pay for the cost of your care at the state hospital.
2. DSHS may include your Social Security funds when calculating the amount of your ability to pay for the cost of care at the state hospital. DSHS will notify you what that amount is through the Notice of Finding of Responsibility (NFR) process. You may appeal the amount owed if you do not agree with DSHS' calculation.
3. DSHS may ask you or your representative payee, if it is not DSHS, to voluntarily use your Social Security funds to pay what DSHS has calculated you are able to pay. However, DSHS may not threaten, coerce, or intimidate you or your representative payee, in any way, to use your Social Security funds to pay for the cost of your care. Any payments you make out of your Social Security funds must be voluntary and you may stop them at any time.
4. DSHS will not accept any of your Social Security funds as payment, unless you or your representative payee signs an agreement to make voluntary payments. If you stop making payments, DSHS may still send you a notice showing the amount you owe.
5. If you do not or your representative payee does not agree to pay for the cost of hospital care using Social Security benefits, DSHS may not discharge you from the hospital earlier than necessary or keep you in the hospital longer than is required.
6. While you are a patient in the hospital, the Social Security Administration (SSA) expects you or your representative payee to pay for the cost of care, as well as for items which may aid you in your recovery or release from the hospital or for personal items which may help improve your condition while in the hospital.

DSHS may not report you or your representative payee to the Social Security Administration solely because you do not use your funds to pay the cost of care. However, if DSHS reasonably suspects that Social Security funds are being misused contrary to federal law, DSHS may notify the Social Security Administration.

7. You do not have to deposit your Social Security funds in the hospital accounting office. However, the state hospital may require you to deposit your money in the hospital accounting office if you do not arrange for deposit elsewhere. You may withdraw your money from the hospital accounting office and place the money in an account outside the hospital, unless DSHS is your representative payee.

If you have questions about your individual rights under this settlement, you may contact your own private attorney, or you may contact:

Patient Legal Services – Western State Hospital  
WSH Building 25, Room #103  
9601 Steilacoom Blvd S.W.  
Tacoma, WA 98498-7213  
Phone: (253) 756-2674

If you think DSHS is breaking these rules, you may contact *Brinkman* class counsel:

**Columbia Legal Services,**  
101 Yesler Way, Suite 300,  
Seattle, WA 98104,  
phone 1-800-542-0794, ext 600.



### **Patient Health Care Decisions**

During your hospital stay, you or those designated by you may have to make decisions about your medical treatment. We want to respect your decision concerning the health care treatments you wish to receive or not receive. It is important that you be aware of the various treatment choices available to you, so you and your designee(s) can make informed decisions about how these treatments or therapies should be used.

In accordance with the Revised Code of Washington and United States law, it is your right to make an advance health care decision and prepare advance health care directives if you choose. Advance health care directives are documents such as **a Living Will, Durable Power of Attorney for Health Care, a Do Not Resuscitate (DNR) Order, and Anatomical Gifts** (organ/tissue donation). These documents are prepared by you and help you or your designee make health care decisions consistent with your wishes in the event that you become too incapacitated to personally let your wishes be known. If you have not prepared an advance health care directive and you would like more information or would like to prepare one, you may request more information from staff. Forms are available through Legal Services at Western State Hospital.

### **Life Support Systems**

Medical science can improve our quality of life, helping us to live longer and healthy lives. Often, critically ill or injured people can be restored to health.

However, there are times when life-saving medical treatment maintains a state of life unacceptable to the patient and only extends the dying process. Please discuss such treatments with your doctor and your family. Let them know your choices about your medical treatments if you are diagnosed as terminally ill and if the treatments will only prolong the moment of death. Care and comfort always will be provided to you and your loved ones.

## **Living Will and Power of Attorney**

There are two documents that can help you plan ahead and indicate your wishes concerning your future medical care.

1. A living will is a document, which states what medical treatment you want or do not want in the event you are diagnosed terminally ill, and treatment will only prolong the death process.
2. The durable power of attorney for health care is a document, which appoints a person such as a relative or friend to make your health care decisions when you are incapacitated. The durable power of attorney for health care discusses what treatments you want and what treatments you do not want. Patients who desire additional information may ask ward staff for a copy of "Health Care Powers of Attorney."

Patients who desire to speak to an attorney regarding either the Living Will or Durable Power of Attorney for health care may call the Northwest Justice Project offices at 1-866-280-4095

## **Organ Donation**

Many people are becoming organ donors. They realize that after they die, they can give the gift of life or sight to others. Organ donors know that immediately after they die, a surgeon will remove the organs they have indicated for donation (kidneys, heart, lung, skin, and other organs and tissues). You may also donate your body for research purposes. In the event you do not wish to donate your body or organs, you should let your family know; otherwise, they have the authority after you die to donate.

If you decide to become an organ donor, the hospital can provide you with a form on which to indicate your decision. Please speak with a member of your treatment team about this. These staff persons will see that the proper forms are provided to you. If you are currently an organ donor, please advise your doctor. You may ask a member of the treatment team for more information about organ donation or you may call the Northwest Organ Procurement Agency at 1-877-275-5269 or 1-425-201-6563.

## **Cardiopulmonary Resuscitation (CPR)**

If you should stop breathing or your heart should stop beating, we will immediately begin emergency procedures to attempt to start your heart and lungs. However, for some people who are extremely ill, these emergency procedures might only result in prolonged suffering. In such situations it is appropriate for patients and/or designee(s) to request no further resuscitation or life-support therapies. Please discuss this in full with your doctor and your designee before arriving at a decision concerning CPR.

If you decide that you do not want CPR, your doctor will write a specific order in your chart. The utmost care and comfort will continue to be provided you. The staff also will continue to be available to your loved ones to offer them support and comfort. Should your medical condition improve, you or those temporarily making decisions for you can change this order.



### **About Medications**

At this time, medication is the mainstay of treatment for most mental illnesses. Western State Hospital is a psychiatric hospital. You are here because you have experienced some kind of psychiatric problem. Psychotropic medications are used to treat most of these problems. Medication may also be prescribed for a medical problem. The medication prescribed by a physician varies depending on the needs of the individual.

- What is a psychotropic medication? A psychotropic medication is a type of medication that affects your thought process, moods and/or behavior. Your medication may be in the form of a capsule, tablet, liquid, or injection.

Information about your specific medication is available to you. You may ask your nurse or doctor on your ward, request medication counseling from a pharmacist, enroll in a medication education class on a treatment mall, or request written medication information. Western State Hospital can provide you with the following information about your medication:

- 1) What is the name of my medication(s)?
- 2) What is it for?
- 3) How will it help me?
- 4) What is the dosage or strength?
- 5) What are possible side effects?
- 6) What can I do about them?
- 7) How often should I take the medication?
- 8) How long must I take medication?
- 9) Are there any special precautions?
- 10) What happens if I don't take these medications?
- 11) What over-the-counter medications or herbal remedies should I avoid?
- 12) What happens if I can't afford the medication once I am discharged?
- 13) What food and beverages should I avoid?

Medications taken as prescribed by a physician are intended to benefit you. However, all medication may cause some unwanted side effects. Some people who take psychotropic medications never experience any side effects; others experience temporary or persistent side effects. If this happens to you or if you have new symptoms, tell your nurse and your doctor, so that your individual response to the medication can be assessed and side effects can be treated.

- How long will you need to take psychotropic medications? In most cases, there is a need to remain on the medication during your entire stay in the hospital and after discharge. Less often, a brief course of medication is sufficient to help a patient over a crisis situation. However, most psychiatric diseases are chronic (like diabetes), and medications need to be taken lifelong to control symptoms.
- What will happen if you stop taking psychotropic medication? If psychotropic medication is stopped, psychiatric symptoms which caused you to enter the hospital will usually return within 1-6 weeks. The abrupt discontinuation of certain psychotropic medication can cause symptoms of withdrawal. Always consult your physician before stopping any medications.

Medications may not mix with certain foods or beverages, or other prescribed or over the counter medications. You should talk with their pharmacist, physician, or nurse to learn which foods and medications should be avoided when taking any medication.

- Can you or your family member bring outside medications into the hospital for the patient? While you are here, medications will be provided by the hospital. Western State Hospital does not allow anyone to bring in medications. If you arrive at WSH with medications, the nurse will attempt to send them home with the your family or guardian. If this is not possible, the medications will be stored in the pharmacy for a period of 2 months. In order to release these medications to you, the attending psychiatrist must write an order. Stored medications are sent for disposal after 6 months.

**Street drugs must not be taken!**

**Don't drink alcohol when you are taking medications!**

**Never drink alcohol while pregnant!**

You have a right to refuse medication under legitimate circumstances; except in certain court determined circumstances, you cannot be forced to take medications. However, medications are an important part of your treatment and can positively assist in the management of psychiatric symptoms.

## **Location of Restrooms/Toilets While on Grounds Privileges:**

### **1. Portable Toilet Locations:**

- Adjacent to Greenhouse
- Adjacent to back entrance of South Hall
- In the fenced-in area of South Hall
- In the Bandstand area, adjacent to Building #16 (Staff Development)

### **2. Unlocked Restroom Locations:**

- Administration Building – 1<sup>st</sup>, (except executive office area) 2<sup>nd</sup>, and 3<sup>rd</sup> floor, Monday - Friday, 8:00 a.m. to 4:30 p.m.
- East Campus Lobby - Monday - Friday, 8 a.m. to 4:30 p.m.

Switchboard/Information area - request key to use restroom.

You may request staff to unlock a restroom so you may use it.



## **Vending Machines:**

You may ask staff about the location of vending machines on hospital grounds.

# Western State Hospital Map

